

Research Space

Journal article

**Exploring methods of training the actor/puppeteer in healthcare:
A Socratic dialogue**

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Exploring methods of training the actor/puppeteer in healthcare: a Socratic dialogue.

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Introduction

This article explores the positioning of actors in healthcare and how puppetry can be utilised as an artistic medium in healthcare settings. Stenning, K. *et al* (2016, p. 154) argued 'Socratic Dialogue' is a method of drawing a student into communication without directing inquiry, the dialogue demonstrates to them what understanding they possess on ideas. Inspired by Socratic Dialogue, we have chosen to explore how our experiential understanding has informed our views of performing in clinical settings as a dialogue because the dialogue allows us to aid our interpretations of these experiences (Altorf, 2019). We will explore the conditions of performing in healthcare and the possible methods of training available to community actors and puppeteers who may be interested in working with patients in healthcare settings. Our focus is on the process of communication and the journey of learning for a better understanding of the required skills for artists in healthcare (Sextou and Karypidou, 2018). We position ourselves as a Pedagogue (educator/lecturer) and a drama student: a continuation of the roles we had formed throughout the three-year BA Drama, Theatre and Applied Performance course at Newman University, and through the Community & Applied Drama Laboratory (CADLab) in the same educational environment. Questions were cultivated throughout our one-to-one, recorded verbal discussion as evidence of a spontaneous communication about a shared passion for actors in healthcare.

Persephone Sextou (Pedagogue): In your view, how could the knowledge about theatre and its power in community settings inform the actor/puppeteer to decide to bring this art form into a healthcare environment?

Wesley Rolston (Student): The strength of interaction could be a key factor. Conventional black box theatre spatially can be fixed and does

not necessarily encourage interaction. On the other hand, hospital environments are not theatrical spaces; they are used by patients. The artist invites the patients as participants in and utilises the art form, in this case drama and puppetry, within this healthcare environment. As artists, we interact with the participants to enhance them in a way that is not directed; instead the participants develop themselves through the interaction opportunities the art form provides.

Pedagogue: I agree that the artist will bring in another element to the clinical setting. Hospitals, clinics and hospices are places with specific purposes beyond the art form. We are, therefore, merging the clinical and the artistic. I was wondering therefore, about wellbeing and the ideas about being ill. How could the art form explore stereotypical ideas about illness and wellbeing? And how might the art form challenge these stereotypes?

Student: There is arguably an assumption that hospitals imply illness and detriment. Illness can become a label which could be attached to participants in hospitals, consequently creating the suggestion participants need to be made 'better'. However, art and its fictional 'world' could allow participants to be offered opportunities to be positioned outside of the hospital 'world' to potentially understand they are not defined by their illness.

Pedagogue: In one sense, they are ill, but as you say they should not be defined by illness, although chronic illness may overpower someone's identity. Nevertheless, patients are audiences to the artist; they are patients to the hospital staff. For example, performing for children in hospital aims to transform sick and injured children into playful and active participants in stories. That is a sign of cultural difference and a shift of power between the artistic and the clinical. With all of this in mind: how might the art of puppetry enable the introduction of the fictional world in this space to bring participants into the story as audiences?

Student: Puppets are both fictional and real: an imagined 'real'. It is this imagined real world that I think participants are invited into as it becomes a conductor, or bridge, between the artist and participant. It is a flexible world as the puppets open possibilities that the artist and participant can connect to together.

Pedagogue: Metaphorically speaking, a flexible world of stories creates an 'elastic bubble' within the clinical environment where the participant and artist both reside. It is this flexible structure that allows the artist and the patient-audience to be in the fictional but never forgetting the external world. In this bubble both the artist and the audience may 'log-off' from reality but they don't completely 'shut-down' themselves from it. They are both always aware of reality as painful as it may be, but as less important to the story during performance. We need to frame the fictional world properly with clarity and accuracy to achieve that. For instance, when we perform bedside to children in hospitals, the storyteller explains that they use puppets as the medium to tell the story. This is the invisible contract that the artist and participant enter; the work must be well framed in drama. It would be wrong to not delineate this. What do you feel about this considering that you have seen CADLab's bedside theatre work for children in hospitals?

Student – Yes, I witnessed how the children moved into another room for the drama and the nurses would still enter. Nevertheless, the fictional world remained even when those interactions occurred. I knew the story, so I was aware the actor used improvisatory skills to accommodate interjections. This is a key skill of the artist-in-healthcare as they utilise the real interactions and add them into the fictional. This has made me consider: does the artist need to choose the art form (puppetry) for the participants? Or does the artist need to understand the participants they work with to aid their choice of artistic medium?

Pedagogue – The artist-in-healthcare needs to be trained as one who develops an interest in studying their participants and their worlds. By studying our participants' needs, interests and abilities, we aim to understand their positions better and use this understanding into the design of our projects. In a project for children in palliative care in Australia that I am involved in, for example, we allow the chance to create something with families and give agency to those children through the art form. It is essential to the effectiveness of our work with audiences in healthcare that we create projects that are made for them and *we use* the medium to serve the audiences' needs and desires when possible. This is a difficult thing to do and it requires a lot of skill, an open mind and an ability to customise artistic aspiration to specific audiences. In your view, what skills are important to develop in order to perform in healthcare?

Student: The word 'skills' could be broken down. As you state in your article about the actor-in-healthcare, skills could be considered as artistic skills such as the artist knowing how to use the puppets in the most effective way. On the other hand, there are interpersonal skills such as communication, attentiveness and awareness. The artist I mentioned earlier in the project by CADLab had awareness of their whole environment, the participants, the space and the staff. This awareness is important for the artist-in-healthcare to develop.

Pedagogue: Do you mean awareness of others or awareness of self? The situation with working with people in healthcare environments brings lot of responsibility to our practice. Working with people in that situation gives us as artists an extra slice of the 'responsibility cake', that not everyone is aware of, requiring us to be extremely careful with the dynamics of the audience. Yes, they may be in need, but the artist needs to have a mentality that treats these audiences as equal.

Student: This sounds like the facilitation skill of the artist. There is the argument in applied theatre training, how much does the artist enter their project with an idea? Or how much does the artist facilitate the participants' potential to change through providing them opportunity to develop their own ideas?

Pedagogue: What change do the arts bring to ill people? We need to be aware that there is not always a need for change in the lives of our audiences despite their illness. The artist needs to understand the context first and give the audience the power to make change to their breathing, thinking, living, loving, forgiving, if it is necessary, not what the artist thinks is good for them, as audiences may not feel this is necessary and have completely different views. So, you are right to ask: how do we go into the context of change in training? The first skill could be a *delicate attentiveness* to people's needs. The next may be *respectful facilitation* that creates opportunities for equal participation. Giving the audience opportunities and possibilities for them to say: 'this is what I want the character to do' or 'I want to go to sleep, please leave'. This would not be the artist's fault, but it may be something the audience feels. Or it may be the outcome of giving the patient ownership of the artistic experience and the power to say 'no' to something, in other words, gain control over the clinical experience for a while. Other skills may be *empathy and compassion* that put the artist in the shoes of the audience and help them understand their situation better. Training

empathetic and compassionate artists for healthcare is a quest. These qualities are the keys to audience participation with audiences in healthcare that help the artist to understand the context (or need) for change. These can be aided by professional placement in healthcare settings. As a relevant point to consider, what other professional training opportunities could be offered to performers?

Student: The first possibility could be symposia and conferences that bring professionals together. In a recent example, *The Broken puppet Symposium 3* in April 2019, at Newman University, Birmingham, gathered professionals using puppetry from an eclectic array of environments and contexts. For me as a student, this enabled me to learn from professionals and witness them collaborating between one another. Working contexts were different, yet this conference demonstrated puppetry could be adapted and utilised for each artist's situation. Having extra-curricular possibilities like symposia for students or artists could aid their training. In relation to affordability and training not being accessible, these symposia being accessible and affordable could aid artists.

Pedagogue: We need short intensive seminar-based training that combines artistic skills with emotional, interpersonal skills in collaboration with therapists and psychologists because those performing in healthcare need to develop further emotional resilience in my view. It is something I am keen on progressing because the artists are exposed to strong emotional experiences and sometimes not everyone is prepared to deal with these strong emotions. Whether this can or cannot be taught to everyone is to be further explored.

Student: I agree. The interdisciplinarity of applied theatre intertwines psychology and other health subjects with drama, which is important for creating collaboration with professionals of other disciplines. In relation to the *All-Party Parliamentary Group* report of 2017 the provision for education was documented and it mentioned the interdisciplinary links between departments. Arguably, health professionals can then utilise the art form and create a dialogical atmosphere to enhance practices: both in art and health. Forging these relationships will be difficult though, it is necessary to say this.

Pedagogue: We all have our specific cultures, backgrounds and agendas. But, if we perceive the idea that we all want the best for the people who experience illness and use the service, then working inter-

disciplinarily together and trying to understand what is happening could result in a bridge in understanding that does what and why. I am suggesting applied theatre practitioners, puppeteers, psychologists, creative therapists, hospital teachers, play specialists, nursing staff and clinicians to develop a multi-disciplinary, multi-level training framework for the artist-in-healthcare. This would be important work!

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Bios

Wesley Rolston is a Drama graduate of Newman University, Birmingham. His drama practice and research surround expanding the importance of applied drama in schools, communities and healthcare. He is funded from Newman Enterprise Small Grants Awards to deliver an applied drama project in secondary schools called 'Human Drama', with one of the sessions in the project exploring key concepts around identity through puppetry.

Dr Persephone Sextou is a Reader in Applied Theatre at Newman University Birmingham, and the Director of the Community & Applied Drama Laboratory (CADLab). She is currently leading 'RocketArts' at Birmingham Children's Hospital funded by BBC CiN and The Lottery

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